Secondary Syphilis

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Case Presentation: A 40-year-old male presented to the emergency department (ED) due to a diffuse body rash after a sexual encounter. Examination revealed a maculopapular rash that included the palms and soles of the feet bilaterally. A rapid plasma reagin was positive, and the patient was treated with 2.4 million units of benzathine benzylpenicillin intramuscularly.

Diagnosis: Secondary syphilis can mimic many disease processes but classically presents as a painless macular rash on the palms of the hands and soles of the feet. Diagnosis is based upon clinical examination coupled with serological testing. Emergency department management should include 2.4 million units of benzathine benzylpenicillin intramuscularly and mitigation strategies. [Clin Pract Cases Emerg Med. 2020;4(4):675–676.]

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soles of the feet but can be extremely variable. Lesions can mimic other disease processes including pityriasis rosea, Rocky Mountain spotted fever, contact dermatitis, erythema multiforme, psoriasis, and drug eruptions. Non-cutaneous manifestations can include diffuse lymphadenopathy and hepatosplenomegaly that may mimic mononucleosis or Hodgkin’s lymphoma. Serologic testing with RPR and venereal disease research laboratory tests are most commonly used to diagnosis the disease. Treatment is 2.4 million units of benzathine benzylpenicillin intramuscularly, which may elicit a Jarisch-Herxheimer reaction. Patients should be urged to abstain from sexual intercourse and discuss diagnostic strategies and treatment with their sexual partners.

The authors attest that their institution requires neither Institutional Review Board approval, nor patient consent for publication of this image in emergency medicine. Documentation on file.

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